**BE SURE TO TRIPLE CHECK THE FORMS FOR COMPLETION!**

**IN ALL CASES SEND IN A REQUEST FOR BREAST PUMP (FORM B) TO WIC IN CASE PUMP IS NOT DELIVERED IN A TIMELY MANNER**

1. **HOSPITAL GRADE BREAST PUMP -CCHP MEDI-CAL**

* If mom has CCHP, MD places order in EPIC under discharge orders. Place the order on the mom, not the baby. The order is called CCHP DME breast pump. **Mark it URGENT** and choose E0604 hospital grade breast pump. Follow the prompts. This goes to the authorization DME RN at CCHP. If the pump is authorized, the authorization is sent to ITC Medical Supply. *DME RN will fax us the authorizations so that we are aware.* Pumps will be authorized within 72 hours. See screen shots attached.
* The lactation consultant needs to fill out the prescription for ITC (located in lactation drawer) **FORM A**. Fill out patient info **including insurance type and number;** choose a maternal diagnosis and infant diagnosis, fill in MD NPI and license #, have MD sign AND date form, making sure that the address, prognosis etc is complete and then fax that to ITC. Each pump order needs an order in EPIC **and** prescription faxed.
* Duration of need should be 2 months. They can renew if necessary.
* *Lactation Consultant should write name on bottom of page*

1. **HOSPITAL GRADE BREAST PUMP – MEDI-CAL ONLY (NO CCHP) – SEE FOLLOWING PAGE FOR MEDI-CAL REGULATIONS**

* If mom has **UNRESTRICTED/STRAIGHT** Medi-Cal, MD places order in EPIC under discharge orders. Place the order on the mom, not the baby. The order is called Non-CCHP DME breast pump. This order does not get sent to CCHP for authorization.
* Fill out prescription for ITC. Fill out ALL the information: patient info, including Medi-Cal #, maternal diagnosis, MD NPI # and license # and have MD sign. **ALSO print out a progress note from baby’s chart indicating baby’s condition as justification for need for pump AND MD order on official letterhead**
* Write on the prescription that this patient has Medi-Cal. ITC will get authorization from Medi-Cal. This is the hardest type of pump to order because Medi-Cal can take a long time to authorize. It may be easiest to have mom get pump from WIC
* **If mom has restricted Medi-Cal they need to get pump from WIC because restricted Medi-cal will not cover the pump. *These forms are available in orange lactation binder or in Lactation drawer.***

1. **BACK TO WORK (single user pump) – CCHP ONLY.**

* This pump comes through **Pumping Essentials. 888-557-4203**
* **CCHP**: Doctor enters order forE0603 Single User Breast Pump (back to work pump). This will generate a preauthorization from CCHP
* **Fax** hard copy of the order to Pumping Essentials at 888-557-0898 to expedite order otherwise it will take 5-7 days.
* **If calling in an order for mom**: retrieve CCHP member number and mob’s email address. Call 866-688-4203 and give representative MOB”S face sheet info, email, CCHP card info
* **Pump can be ordered online:**  3 steps [www.pumpingessentials.com](http://www.pumpingessentials.com). Click “get Started”

1. **SINGLE USER PUMP MEDI-CAL ONLY:** Prescription is needed, but no pre authorization is required.

* Ask MD to write an RX for the back to work pump E0603
* Fax RX to Pumping Essential 888-557-0898 with patients name, date of birth, MD’s NPI#, and stating Double Electric E0603.
* Have mom call Pumping Essentials at 866-688-4203 to palce the order OR LC can call with mob’s face sheet, email and MediCal card ready
* **Pumping Essentials does NOT cover Restricted Medi-Cal clients.**

**REGULATIONS RE UNRESTRICTED/STRAIGHT MEDI-CAL**

**IMPORTANT PHONE NUMBERS:**

**CCHP Authorization:** 925-957-7260 opt: 4

**ITC Medical Supplies (Irina):**  fax 415-387-2540; phone 415-387-7100

**Pumping Essentials:** 888-557-4203

**WIC Pump Coordinator (Shelly Trejo):** 925-646-5534

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**wicS**

Under Medi-Cal Regulations hospital grade electric breast pump can be covered if pump is medically necessary in either of the two following situations:

If direct nursing at the breast isestablished during the neonatal period (the period immediately following birth and continuing through the first 28 days of life) and nursing is interrupted, medical necessity for hospital grade breast pump is defined as the existence of any of the following medical conditions:

The mother has a medical condition that requires treatment of her breast milk before infant feeding; or

The mother is receiving chemotherapy or other therapy with pharmaceutical agents that render her breast milk unsuitable for infant feeding; or

The infant developed a medical condition or requires hospitalization that precludes direct nursing at the breast on a regular basis.

If direct nursing at the breast is not established during the neonatal period, medical necessity for hospital grade breast pump is defined as the existence of any of the following medical conditions:

* Any maternal medical condition that precludes direct nursing at the breast; or
* The infant has a congenital or acquired neuromotor or oral dysfunction that precludes effective direct nursing at the breast; or
* The infant has a congenital or acquired condition that precludes effective direct nursing at the breast; or

The infant continues to be hospitalized and the mother is no longer an impatient.